

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000085324

**Entity Name:** AB FLORIDA GROUP (PARK AT VITTORIA), INC.

**Current Principal Place of Business:**

C/O IMRAN SALAHUDDIN  
ALAJLAN RESIDENCES HITTEEN STREET  
HITTEEN, RIYADH 11541

**Current Mailing Address:**

2 NORTH LASALLE STREET, SUITE 1300  
CHICAGO, IL 60602

**FEI Number:** 38-3942228

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT AND DIRECTOR  
Name            BIN ABDULAZIZ ALAJLAN, AJLAN  
Address        C/O IMRAN SALAHUDDIN  
                  ALAJLAN RESIDENCES HITTEEN  
                  STREET  
City-State-Zip: HITTEEN RIYADH 11541

Title            SECRETARY AND TREASURER  
Name            SALAHUDDIN, IMRAN  
Address        C/O IMRAN SALAHUDDIN  
                  ALAJLAN RESIDENCES HITTEEN  
                  STREET  
City-State-Zip: HITTEEN RIYADH 11541

Title            DIRECTOR  
Name            BIN ABDULAZIZ ALAJLAN,  
                  MOHAMMAD  
Address        C/O IMRAN SALAHUDDIN  
                  ALAJLAN RESIDENCES HITTEEN  
                  STREET  
City-State-Zip: HITTEEN RIYADH 11541

Title            DIRECTOR  
Name            BIN ABDULAZIZ ALAJLAN, FAHAD  
Address        C/O IMRAN SALAHUDDIN  
                  ALAJLAN RESIDENCES HITTEEN  
                  STREET  
City-State-Zip: HITTEEN RIYADH 11541

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IMRAN SALAHUDDIN

**SECRETARY**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date